

motixafortide acetate (Aphexda®)

Medical Benefit Drug Policy

Place of Service

Office Administration

Outpatient Facility Administration

Infusion Center Administration

Drug Details

USP Category: Blood Products and Modifiers: Blood Products and Modifiers, Other

Mechanism of Action: Hematopoietic stem cell mobilizer

HCPCS:

- Through 3/31/2024: C9399, J3490, J3590
- Effective 4/1/2024 and after: J2277, injection, motixafortide, 0.25 mg

How Supplied:

NDC: 82737-073-01: 62 mg single-dose vial

Condition(s) listed in policy (*see coverage criteria for details*)

- Peripheral stem cell collection and autologous transplantation in multiple myeloma

The following condition(s) require Prior Authorization/Preservice:

Peripheral stem cell collection and autologous transplantation in multiple myeloma

1. Patient has multiple myeloma, AND
2. Being used in combination with filgrastim

Covered Doses:

1.25 mg/kg actual body weight given by subcutaneous injection 10 to 14 hours prior to initiation of apheresis.

A second dose can be given 10 to 14 hours prior to a third apheresis.

Coverage Period:

To allow for two doses

References

1. Aphexda(motixafortide). [Prescribing information]. Waltham, MA: BioLineRx USA Inc.; 9/2023.
2. AHFS. Available by subscription at <http://www.lexi.com>
3. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>

Review History

Date of Last Annual Review: 11/29/2023

Date of last revision: 4/3/2024

Changes from previous policy version:

- Effective 4/1/2024 and after: J2277, injection, motixafortide, 0.25 mg



Promise Health Plan

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*